Kansas

UNIFORM APPLICATION
FY 2023 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

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III. Expenditure Period

State Expenditure Period

From   7/1/2021

To   6/30/2022

Block Grant Expenditure Period

From   10/1/2019

To   9/30/2021

IV. Date Submitted

Submission Date   11/28/2022 12:00:05 PM

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Footnotes:

The FY2023 Substance Abuse Block Grant Annual Report was posted for public comment on the KDADS website from 11/18/22 through 11/25/22. No public comment was received.

https://kdads.ks.gov/kdads-commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Provide access to community-based services for children/youth with SED allowing them to remain in their homes and communities with services and supports.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

> Children with SED are able to remain in home by building a community-based system of care to meet their needs.

Objective:

> Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

Strategies to attain the goal:

> Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the child's/youth's needs.

Edit Strategies to attain the objective here:
(if needed)

┌─ **Annual Performance Indicators to measure goal success** ─────────────────

Indicator #: 1

Indicator: Percentage of children/adolescents, age 17 or younger, that received crisis intervention services (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.

Baseline Measurement: SFY2021 Baseline: 6.26%

First-year target/outcome measurement: SFY2022: Increase percentage to 10%

Second-year target/outcome measurement: SFY2023: Increase percentage to 15%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
> AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

> Numerator: Number of children/adolescents that received crisis services (30) calendar days prior to crisis screen resulting in admission within the reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)
>
> Denominator: Number children/adolescents with a screen resulting in admission to inpatient within the reporting period.

New Description of Data:*(if needed)*

> *SFY2022 added code T1040

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring that contractor's data is complete and accurate.
For outcome measures, the social security number of children/youth needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 11.58%. Reported increase is determined by using this new baseline.
SFY2021 (Baseline): 69/596 (11.58%)
SFY2022 (First Year Target): 191/687 (27.80%) or 16.22% increase

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Indicator #:	2
Indicator:	The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen resulting in an inpatient psychiatric admission, excluding PRTF.
Baseline Measurement:	SFY2021 Baseline: 13.91%
First-year target/outcome measurement:	SFY2022: Increase percentage to 20%
Second-year target/outcome measurement:	SFY2023: Increase percentage to 25%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of children/adolescents receiving a therapeutic intervention within 30 calendar days prior to a screen resulting in admission within the reporting period. Service codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. (code numbers are subject to change by CMS)

Denominator: Total number of children/adolescents with a screen resulting in an inpatient psychiatric admission, excluding PRTF, within the reporting period.

New Description of Data:*(if needed)*

Upon review of the Data Description above, codes 90832, 90834, 90837, 90839, and 90840 were duplicated (accidentally listed twice).

Data issues/caveats that affect outcome measures:

The measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.
For future outcome measures, the social security numbers of children/youth needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 25%. Adjusting for new baseline of 25%, the original goal was an increase of 6.09%. Using this methodology, goal was met by increasing by 8.48%.
SFY2021 (Baseline): 149/596 (25.00%)
SFY2022 (First Year Target): 230/687 (33.48%) or 8.48% increase (met increase to 20%)

Priority #:   2

Priority Area: Provide access to community-based services for adults with SMI allowing them to remain in their homes and communities with services and supports.

Priority Type: MHS

Population(s):   SMI

Goal of the priority area:

Adults with SMI are able to maintain community living and build a support system of care to improve their quality of life.

Objective:

Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the person's needs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Percentage of adults, age 18 and older, that received crisis intervention services (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

Baseline Measurement: FY2021 Baseline: 4.04%

First-year target/outcome measurement: FY2022: Remain static due to COVID at 4.04%

Second-year target/outcome measurement: FY2023: Increase percentage to 5.5%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of adults that received crisis services within (30) calendar days of a crisis screen resulting in admission within the reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by

CMS)

Denominator: Screens resulting in admission to inpatient within the reporting period.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.
For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from the vendor to verify that we are not duplicating counts.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Kansas was required to remain static due to COVID at 4.04%, we decreased 0.35% from FY2021 at 8.65% to FY2022 at 8.62%. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

How first year target was achieved *(optional)*:

Indicator #:	2
Indicator:	The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).
Baseline Measurement:	FY2021 Baseline: 3.47%
First-year target/outcome measurement:	FY2022: Increase percentage to 4%
Second-year target/outcome measurement:	FY2023: Increase percentage to 6%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by CMHCs to Kansans.

New Data Source*(if needed)***:**

Description of Data:

Numerator: Number of adults receiving CSS services who had a therapeutic intervention within seven business days of discharge from a SMHH within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840 starting seven calendar days from the day after discharge. However, if a CMHC provides one of these services the same day as discharge then that will count toward the seven days. (code numbers are subject to change by CMS)

Denominator: Total number of adult discharges from SMHH or SHA within the reporting period.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.
For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

There was a decrease of 6.12% from FY2021 at 13.89% and FY2022 at 13.04%. The workforce shortage in Kansas connected to many of services provided (peer support, psychosocial individual/ group, therapy etc.) are understaffed and impacted by COVID. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

How first year target was achieved *(optional)*:

Priority #: 3

Priority Area: Reduce underage drinking in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report drinking alcohol in the past 30-days.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address underage alcohol use through the implementation of evidence-based prevention programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing strategic plans.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)
Baseline Measurement:	State = 15.9%
First-year target/outcome measurement:	State = 14.8 %
Second-year target/outcome measurement:	State = 13.7%
New Second-year target/outcome measurement*(if needed)*:	
Data Source:	

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco, and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family, and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID-19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #:   4

Priority Area: Reduce adolescent marijuana use in Kansas

Priority Type: SAP

Population(s):   PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report using marijuana in the past 30-days.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address adolescent marijuana use through the implementation of evidence-based prevention programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence

based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing strategic plans.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: On how many occasions, if any, have you used marijuana during the past 30 days? (at least once)

Baseline Measurement: State = 6.8%

First-year target/outcome measurement: State = 6.3%

Second-year target/outcome measurement: State = 5.8%

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source *(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco, and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family, and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID-19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID

environments related to less peer interaction and potential reduced access to substances. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #: 5

Priority Area: Reduce vaping in adolescents and young adults.

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from taking one or two drinks of an alcoholic beverage nearly every day.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address vaping in youth aged 12-17 and young adults aged 18-25 through the implementation of evidence-based prevention programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based. Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: How frequently have you vaped in the past 30 days? (at least once)

Baseline Measurement: State = 9.8%

First-year target/outcome measurement: State = 8.3%

Second-year target/outcome measurement: State = 6.8%

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)***:**

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco, and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family, and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID-19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of

skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

The question wording changed from "electronic cigarettes" to "vaped" in 2021.

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

With the rising concern of youth vaping and associated health risks, several statewide groups convened during this timeframe to understand and address the concern, with a particular focus on school policies and procedures. Community coalitions focused on prevention strategies related to media and information dissemination. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered these prevention efforts.

Indicator #:	2
Indicator:	During the past 30 days, how frequency have you used electronic cigarettes of Juul? (at least once)
Baseline Measurement:	State = 29.0%
First-year target/outcome measurement:	State = 28.0%
Second-year target/outcome measurement:	State = 27.0%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Kansas Young Adults Survey (KYAS)

New Data Source*(if needed)*:

Description of Data:

The Kansas Young Adults Survey (KYAS) is a statewide survey administered online to individuals aged 18-25. The survey asks questions about attitudes and behaviors among young adults on public health issues, including the usage of tobacco and consumption of alcohol, prescription and non-prescription drugs, as well as gambling. Demographic questions include age, education, and income level and sources, among others.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The survey has been administered every other year and will use data from 2019 for baseline. The data is only available at a state level and thus prevention coalitions will not be able to measure local progress toward the goal.

New Data issues/caveats that affect outcome measures:

The Kansas Young Adult Survey (KYAS) is a valuable tool for gathering data for a difficult to reach population of young adults both in college and not in college. However, as a statewide survey, it and does not allow for monitoring and evaluation of individual counties or community coalition work. Starting in 2021, the survey will be administered annually which will enhance statewide monitoring.

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Overall awareness created by the near epidemic levels of e-cigarette use led to media campaigns for youth and young adults focusing on the risk of harm from e-cigarette use. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts. Efforts to further reduce and prevent e-cigarette use and health consequences are supported by supplemental COVID funding.

Priority #:   6

Priority Area: Increase the number of prevention trainings in rural Kansas communities

Priority Type: SAP

Population(s):   PP

Goal of the priority area:

KDADS would like to infuse more prevention knowledge and efforts into rural Kansas communities to increase rural coalition capacity to develop and implement strategic prevention plans.

Objective:

Increase opportunities for rural Kansas communities to attend prevention training

Strategies to attain the goal:

Trainings will be held in rural communities and will focus on behavioral/mental health and substance use prevention for youth, young adults, school staff, and families.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Increase the number of prevention trainings in rural Kansas communities

Baseline Measurement: State = Establish Baseline in 2022

First-year target/outcome measurement: State = baseline + 20

Second-year target/outcome measurement: State = first-year target + 10

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Community Check Box

New Data Source *(if needed)*:

Description of Data:

Training data will be documented in the Community Check Box. Documentation will include a description of the training, dates, attendance, location if in-person or participant location if virtual, demographic rosters which include profession, age, gender, race/ethnicity, county, city.

New Description of Data: *(if needed)*

Training events were documented through entry into the Community Check Box online monitoring and evaluation system. Sources of information about trainings were post event entry by staff and calendar of training schedules.

Data issues/caveats that affect outcome measures:

Training contractors have not yet been selected so baseline is not able to be established this time. Performance estimates are based on desired targets across two years. Data quality in the Community Check Box will be dependent on complete and regular documentation. Training opportunities will be provided, but level of participation may not reflect desired outcomes. cannot be Participation in prevention training

New Data issues/caveats that affect outcome measures:

Documentation of training events were good but not totally complete, so the results may understate the number of trainings. In addition, accurate documentation required detailed information about location, attendees, attendance and description of the events. A common documentation form asking required information was finalized and used by most providers of trainings.

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Most of the new and additional trainings to rural areas were provided by grantees utilizing ARPA and COVID funding for implementing prevention strategies such as the Good Behavior Game in schools and homes, support for transitional youth, coalition capacity building, and support for new strategies targeting E-Cig, mental health training, and related prevention issues.

Priority #:	7
Priority Area:	Recovery Oriented System of Care
Priority Type:	SAT
Population(s):	PWWDC, PWID, TB

Goal of the priority area:

Kansas Behavioral Health System supports a recovery-oriented system of care.

Objective:

More individuals have access to peer mentoring services.

Strategies to attain the goal:

Increase the peer mentoring workforce capacity.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of Kansas Certified Peer Mentors increase.
Baseline Measurement:	Baseline in FY20 of 9 Peer Mentors
First-year target/outcome measurement:	Increase Kansas Certified Peer Mentors by 10% in FY22.
Second-year target/outcome measurement:	Increase Kansas Certified Peer Mentors by 10% in FY23

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Adult Consumer Affairs tracking spreadsheet of the number of people trained to be Kansas Certified Peer Mentors and in-training Peer Mentors

New Data Source*(if needed)*:

Description of Data:

Peer Mentors in training and Peer Mentors certified

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Training contractor reporting accuracy and timelines

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)***:**

SFY2021 = 20 Peer Mentors certified
SFY2022 = 53 Peer Mentors certified (24 Kansas Certified Peer Mentor in Training (KCPMT). + 29 Kansas Certified Peer Mentor (KCPM))
resulting in an increase of 165%

Priority #: 8

Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode.

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Youth who have experienced their first psychotic episode are free from the adverse effects of their mental illness.

Objective:

Increase the number of youth who receive early intervention increasing their chance of successful recovery.

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI
Examine adequacy of ESMI-related service rates
Establish care coordinator and case management requirements for our contractors that are provided through treatment and continuing care
Identify potential partners who may have contact with young people in this age group to educate and build awareness around early intervention and treatment availability such as the Kansas Department of Children and Families, colleges, schools and social media

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	ESMI served with Block Grant funded intervention
Baseline Measurement:	Number of youth experiencing ESMI served with Block Grant funded intervention in SFY21
First-year target/outcome measurement:	5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY22
Second-year target/outcome measurement:	5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY23
New Second-year target/outcome measurement*(if needed)***:**	
Data Source:	

Quarterly provider reports

New Data Source *(if needed)*:

Description of Data:

Proportion of total number of youth experiencing ESMI served with Block Grant funded intervention in a given State Fiscal Year (SFY)

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

SFY21 (Baseline): 55 youth
SFY22: 61 youth (increase of 10.9%)

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
1	7/20/2022	Grantee payment to Valeo invoiced for the months of May and June 2022 for cleaning and testing supplies for their facility.	$3,585.27
2	7/28/2022	Grantee payment to Mirror invoiced for the month of June 2022 for screening and testing services in their residential centers along with the purchase of PPE and disinfecting supplies.	$5,615.39
3	8/9/2022	Grantee payment to Valeo invoiced for the month of July 2022 for testing and cleaning supplies for their facility.	$4,098.08
4	8/24/2022	Grantee payment to DCCCA invoiced for the month of July 2022 for the purchase of COVID-19 rapid testing supplies and to be used to test clients in reintegration.	$4,548.48
5	10/10/2022	Grantee payment to Mirror invoiced for the month of July 2022 for screening and testing supplies and services in their residential and outpatient facilities.	$52,157.91
6	10/10/2022	Grantee payment to Mirror invoiced for the month of August 2022 for screening and testing supplies and services in their residential and outpatient facilities.	$9,055.18
7	10/25/2022	Grantee payment to Mirror invoiced for the month of September 2022 for screening and testing supplies and services provided in their residential and outpatient facilities.	$5,337.79
8	12/22/22	Grantee payment to Valeo for the month of August 2022 for cleaning supplies for their facility.	$52.41

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#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
9	12/22/22	Grantee payment to Valeo invoiced for the month of September 2022 for cleaning supplies for their facility.	$105.76
10	12/23/22	Grantee payment to DCCCA invoiced for the month of August 2022 for the purchase of COVID-19 rapid testing supplies and to be used to test clients in reintegration.	$1,262.49
		Total	$85,818.76

Total Award Remaining to be spent by 9/30/25: $260,441.24

Instructions to SABG Grantees: After completing the table above, grantees are requested to upload this report document through a regular Revision Request created by the CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2023 SABG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 3, 2023. For the expenditure period of October 1, 2021 through September 30, 2022, please include a complete listing of the expenditure of SABG COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

Background and Description of Funding: On August 19, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The performance period for this funding is September 1, 2021 – September 30, 2025.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the FY 23 Substance Abuse Block Grant Report. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/9/2022: SABG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 22 SABG COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 22 expenditure period of October 1, 2021 through September 30, 2022. Using the FY 22 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2023 SABG Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, January 3, 2023. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of

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expenditures, between October 1, 2021 and September 30, 2022. If no activities were completed, please complete and upload the report document indicating "Not Applicable".

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

"People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest $100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates $50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states.

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States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

• Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.

• Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

• Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.

• Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.

• Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

• Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most under-served, under-resourced, and marginalized communities in need.

• Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.

• Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.

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• Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.

• Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.

• Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

• Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).

• Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).

• Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

• Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

o Discuss test result or diagnosis with consumers;
o Assess patient symptom history and health status;
o Provide instructions and support for self-isolation and symptom monitoring; and
o Identify people (contacts) who may have been exposed to COVID-19.

• Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

o Provide information about the virus;
o Discuss their symptom history and other relevant health information; and
o Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

• Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
• Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
• Construction projects.
• Support of lobbying/advocacy efforts.
• Facility or land purchases.
• COVID-19 mitigation activities conducted prior to 9/1/2021.
• Financial assistance to an entity other than a public or nonprofit private entity.

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III: Expenditure Reports

Table 2a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[1]	I. ARP[2]
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment[3]	$8,993,732.00		$717,529.76	$12,275.15	$8,920,325.56	$0.00	$0.00	$1,993,736.95	$286,149.64
a. Pregnant Women and Women with Dependent Children	$2,050,311.00		$714,372.56	$0.00	$949,690.00	$0.00	$0.00	$0.00	$0.00
b. All Other	$6,943,421.00		$3,157.20	$12,275.15	$7,970,635.56	$0.00	$0.00	$1,993,736.95	$286,149.64
2. Substance Use Disorder Primary Prevention	$2,432,506.00		$14,693,095.77	$8,347,434.19	$580,358.18	$0.00	$1,471,682.00	$1,028,601.66	$333,148.45
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[4]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	$85,494.94		$18,817.66	$0.00	$644,232.31	$0.00	$0.00	$1,991.78	$1,380.06
11. Total	$11,511,732.94	$0.00	$15,429,443.19	$8,359,709.34	$10,144,916.05	$0.00	$1,471,682.00	$3,024,330.39	$620,678.15

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for the standard MHBG/SABG expenditures is July 1, 2021 - June 30, 2023.

[3] Prevention other than primary prevetion

[4] Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered designated states during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

◉ Actual   ○ Estimated

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Footnotes:

During SFY 2022 168,294.85 was spent on Technical Assistance Funds.

Table 2a note regarding Tuberculosis Services: There is a Kansas Tuberculosis Control Program within the Kansas Department of Health and Environment. More information can be found at this link: https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kdhe.ks.gov%2F530%2FTuberculosis-Control-Program&data=05%7C01%7CChris.Ridge%40ks.gov%7C361599b3d744493f6f9e08dac0ee5397%7Cdcae8101c92d480cbc43c6761ccccc5a%7C0%7C0%7C638034427201435354%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JTCKrq4%2FBxsIT5jxdioEHsnOSCaqWMdQaIAtvpICEtU%3D&reserved=0. State laws and regulations require that cases of tuberculosis be reported to the local or state health department. The Kansas Tuberculosis Control Program provides, free-of-charge, anti-tuberculosis medications to local health departments and medical providers for the treatment of TB disease. Additionally, preventive medications for individuals with TB infection are provided at no cost to local health departments or other medical providers. For Substance Use Disorder Block Grant treatment services, KDADS maintains a policy on our website specifically related to Tuberculosis to ensure compliance with the federal regulation to facilitate the provision of TB services and to create the necessary linkages between substance use disorder providers and local health care providers. Contractual agreements with the ASO (Beacon) and in the ASO's provider agreement with substance use disorder treatment providers also include language about TB referrals.

III: Expenditure Reports

Table 2b - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested

Expenditure Period Start Date 10/1/2021   Expenditure Period End Date 9/30/2022

Service	COVID-19 Expenditures
Healthcare Home/Physical Health	**$0**
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	**$0**
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Primary Substance Use Disorder Prevention (Environmental)	
Intervention Services	$0
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	$0
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	$0
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	$0
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	$0
Parent/Caregiver Support	
Case Management	
Behavior Management	

Supported Employment	
Permanent Supported Housing	
Recovery Housing	
Recovery Supports	**$0**
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	**$0**
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	**$0**
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	**$0**
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	

Other (please list)	
Total	**$0**

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

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Footnotes:

III: Expenditure Reports

Table 3a SABG - Syringe Services Program

Expenditure Start Date: 07/01/2021   Expenditure End Date: 06/30/2022

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19[1] Funds Expended for SSP	Dollar Amount of ARP[2] Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
			No Data Available					

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

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Footnotes:

N/A - Kansas has not repurposed SABG funds for Syringe Services Programs (SSPs).

III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing *(Please enter total number of individuals served)*	Treatment for Substance Use Conditions *(Please enter total number of individuals served)*	Treatment for Physical Health *(Please enter total number of individuals served)*	STD Testing *(Please enter total number of individuals served)*	Hep C *(Please enter total number of individuals served)*
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing *(Please enter total number of individuals served)*	Treatment for Substance Use Conditions *(Please enter total number of individuals served)*	Treatment for Physical Health *(Please enter total number of individuals served)*	STD Testing *(Please enter total number of individuals served)*	Hep C *(Please enter total number of individuals served)*
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing *(Please enter total number of individuals served)*	Treatment for Substance Use Conditions *(Please enter total number of individuals served)*	Treatment for Physical Health *(Please enter total number of individuals served)*	STD Testing *(Please enter total number of individuals served)*	Hep C *(Please enter total number of individuals served)*
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

Footnotes:

N/A - Kansas has not repurposed SABG funds for Syringe Services Programs (SSPs).

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention[1] and Treatment	$8,925,228.75
2. Primary Prevention	$2,548,355.85
3. HIV Early Intervention Services[2]	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	$0.00
5. Administration (excluding program/provider level)	$595,015.25
Total	**$12,068,599.85**

[1]Prevention other than Primary Prevention

[2]Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Line 2 of Primary prevention contains 168,294.85 paid for Technical Assistance funds during the period of 10.01.2019-09.30.21.

Row 4:Tuberculosis Services is opened to request the following completion as per Instructions:
Enter the amount of funds to be expended on tuberculosis services made available to individuals receiving treatment for substance use disorders. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available to provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded in row 4.

Table 4 footnote addition:
Tuberculosis Services: There is a Kansas Tuberculosis Control Program within the Kansas Department of Health and Environment. More information can be found at this link: https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kdhe.ks.gov%2F530%2FTuberculosis-Control-Program&data=05%7C01%7CChris.Ridge%40ks.gov%7C361599b3d744493f6f9e08dac0ee5397%7Cdcae8101c92d480cbc43c6761ccccc5a%7C0%7C0%7C638034427201435354%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JTCKrq4%2FBxsIT5jxdioEHsnOSCaqWMdQalAtvplCEtU%3D&reserved=0. State laws and regulations require that cases of tuberculosis be reported to the local or state health department. The Kansas Tuberculosis Control Program provides, free-of-charge, anti-tuberculosis medications to local health departments and medical providers for the treatment of TB disease. Additionally, preventive medications for individuals with TB infection are provided at no cost to local health departments or other medical providers. For Substance Use Disorder Block Grant treatment services, KDADS maintains a policy on our website specifically related to Tuberculosis to ensure compliance with the federal regulation to facilitate the provision of TB services and to create the necessary linkages between substance use disorder providers and local health care providers. Contractual agreements with the ASO (Beacon) and in the ASO's provider agreement with substance use disorder treatment providers also include language about TB referrals.

Updated admin expenditures to be 595,015.25 for the 5% limit, updated prevention to 2,548,355.85 which includes 20% for prevention and 168,294.85 for TA funds. 8,925,228.75 was paid on treatment.

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures

The state or jurisdiction must complete SABG Table 5a. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	$30,483.55				
Information Dissemination	Indicated					
Information Dissemination	Universal	$650,000.00				
Information Dissemination	Unspecified					
Information Dissemination	**Total**	**$680,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$30,483.55				
Education	Indicated					
Education	Universal	$650,000.00				
Education	Unspecified					
Education	**Total**	**$680,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$20,483.55				
Alternatives	Indicated					
Alternatives	Universal	$200,000.00				
Alternatives	Unspecified					
Alternatives	**Total**	**$220,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$25,483.55				
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal	$250,000.00				
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	**Total**	**$275,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Community-Based Process	Selective	$25,483.55				
Community-Based Process	Indicated					
Community-Based Process	Universal	$250,000.00				
Community-Based Process	Unspecified					
Community-Based Process	**Total**	**$275,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective	$25,483.55				
Environmental	Indicated					
Environmental	Universal	$150,000.00				
Environmental	Unspecified					
Environmental	**Total**	**$175,483.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
Section 1926 (Synar)-Tobacco	Unspecified					
Section 1926 (Synar)-Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective	$20,454.55				
Other	Indicated					
Other	Universal	$220,000.00				
Other	Unspecified					
Other	**Total**	**$240,454.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$2,548,355.85**				

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g.., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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III: Expenditure Reports

Table 5b - SABG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2020 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

	SABG Award
Targeted Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☐
Cocaine	☐
Heroin	☐
Inhalants	☐
Methamphetamine	☐
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☐
Targeted Populations	
Students in College	☑
Military Families	☐
LGBTQ+	☐
American Indians/Alaska Natives	☐
African American	☐
Hispanic	☐
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☐
Asian	☐
Rural	☑

Underserved Racial and Ethnic Minorities	☑

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III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]
1. Information Systems	$0.00	$174,317.73	$0.00
2. Infrastructure Support	$0.00	$164,317.73	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$492,081.96	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$273,862.88	$0.00
6. Research and Evaluation	$0.00	$200,832.78	$0.00
7. Training and Education	$0.00	$520,339.50	$0.00
8. Total	$0.00	$1,825,752.58	$0.00

[1]SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.
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III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

| | | | | | | | | | Source of Funds SAPT Block Grant | | | | | |
Entity Number	I-BHS ID (formerly I-SATS)	(i)	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
x	x	✖	State Wide	Addiction Recovery Center	516 Washington St	Concordia	KS	66901	$6,976.66	$6,976.66	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	BOYS & GIRLS CLUB OF THE PRAIRIE BAND	15424 K Rd,	Mayetta	KS	66509	$33,964.74	$0.00	$0.00	$33,964.74	$0.00	$0.00
x	x	✖	North East	Chautauqua Counseling Center	5960 Dearborn St Suite 1	Mission	KS	66202	$35,898.70	$35,898.70	$0.00	$0.00	$0.00	$0.00
x	x	✖	West	CITY ON A HILL INC	116 1/2, E Chestnut St	Garden City	KS	67846	$732,195.47	$732,195.47	$690,289.53	$0.00	$0.00	$0.00
x	x	✖	State Wide	CKF Addiction Treatment	617 E Elm St	Salina	KS	67401	$954,629.95	$954,629.95	$31,623.33	$0.00	$0.00	$0.00
x	x	✖	State Wide	CLAY COUNTY	820 Spellman Cir	Clay Center,	KS	67432	$27,067.50	$0.00	$0.00	$27,067.50	$0.00	$0.00
x	x	✖	State Wide	Comcare	635 N Main St	Wichita	KS	67203	$94,343.17	$94,343.17	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	COMMUNITY HEALTH COUNCIL OF Wyandotte	803 Armstrong Ave	Kansas City	KS	66101	$87,000.00	$0.00	$0.00	$87,000.00	$0.00	$0.00
x	x	✖	South East	COMMUNITY MENTAL HEALTH CTR OF CRAW	911 E Centennial Dr.	Pittsburg	KS	66762	$464,133.46	$422,974.88	$0.00	$41,158.58	$0.00	$0.00
x	x	✖	State Wide	CORNER HOUSE INC	418 Market St,	Emporia	KS	66801	$68,436.65	$68,436.65	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	DCCCA INC	1739 23rd st	Lawrence KS	KS	66044	$2,076,865.50	$1,339,184.47	$693,580.13	$737,681.03	$0.00	$0.00
x	x	✖	State Wide	DERBY RECREATION COMMISSION	801 E Market St	Derby	KS	67037	$4,896.00	$0.00	$0.00	$4,896.00	$0.00	$0.00
x	x	✖	West	DREAM INC	2818 Vine St	Hays	KS	67601	$44,655.83	$44,655.83	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	EAGLE RECOVERY SERVICES CONSULTATION	5 Peoria St	Louisburg	KS	66053	$8,667.72	$8,667.72	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	FAMILIES AND COMMUNITIES TOGETHER INC	15 SW 10th Ave #215,	Topeka	KS	66612	$18,516.82	$0.00	$0.00	$18,516.82	$0.00	$0.00
x	x	✖	South East	Four County Mental Health Center	3751 W Main St	Independence	KS	67301	$101,963.44	$101,963.44	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	FRANKLIN COUNTY	315 S MAIN ST RM 202	OTTAWA	KS	66067 -2335	$27,720.38	$0.00	$0.00	$27,720.38	$0.00	$0.00
x	x	✖	State Wide	FRIENDS OF RECOVERY ASSOCIATION	6422 Santa Fe Dr # 16	Overland Park	KS	66202	$61,100.00	$61,100.00	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	GRANT COUNTY COMMUNITY FOUNDATION INC	PO BOX 65	ULYSSES	KS	67880 -0065	$58,936.55	$0.00	$0.00	$58,936.55	$0.00	$0.00
x	x	✖	State Wide	HEARTLAND REGIONAL ALCOHOL & DRUG	1321 7th St,	Kansas City	KS	66101	$152,994.90	$152,994.90	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	HIGH PLAINS MENTAL HEALTH CENTER	208 E 7th St,	Hays	KS	67601	$1,783.38	$1,783.38	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	JAMES R KERR	2101 E Santa Fe St	Olathe	KS	66062	$24,777.11	$24,777.11	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	JOHNSON COUNTY MENTAL HEALTH CENTER	1125 W Spruce St	Olathe	KS	66061	$98,862.08	$98,862.08	$0.00	$0.00	$0.00	$0.00

x	x	✖	North East	KANSAS INSTITUTE FOR POSITIVE HEALTHY	1916 STRATFORD ROAD	LAWRENCE	KS	66044 -4540	$127,036.00	$0.00	$0.00	$127,036.00	$0.00	$0.00
x	x	✖	South East	LABETTE CENTER FOR MENTAL HLTH SVCS	1730 Belmont	Parsons	KS	67357	$12,775.48	$12,775.48	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	LEARNING TREE INSTITUTE AT GREENBUSH	917 W 47TH HIGHWAY	GIRARD	KS	66743	$465,126.07	$0.00	$0.00	$465,126.07	$0.00	$0.00
x	x	✖	State Wide	LEAVENWORTH YOUTH ACHIEVEMENT CTR INC	314 DELAWARE STREET	LEAVENWORTH	KS	66048 -2707	$23,671.00	$0.00	$0.00	$23,671.00	$0.00	$0.00
x	x	✖	Wichita	MENTAL HEALTH ASSOCIATION OF SOUTH	673, 555 N Woodlawn Blvd Suite 3105	Wichita	KS	67208	$772.01	$772.01	$0.00	$0.00	$0.00	$0.00
x	x	✖	West	MIRACLES INC	1738 N Market St	Wichita	KS	67214	$766,828.53	$766,828.53	$766,828.53	$0.00	$0.00	$0.00
x	x	✖	West	NEW CHANCE INC	2500 E Wyatt Earp Blvd	Dodge City	KS	67801	$503,410.66	$503,410.66	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	NEW DAWN WELLNESS AND RECOVERY CTR	1221 SW 17th St	Topeka	KS	66604	$52,478.34	$52,478.34	$0.00	$0.00	$0.00	$0.00
x	x	✖	Wichita	PARTNERS FOR WICHITA INC	925 N WACO AVE	WICHITA	KS	67203 -3948	$49,518.07	$0.00	$0.00	$49,518.07	$0.00	$0.00
x	x	✖	State Wide	PAWNEE MENTAL HEALTH SERVICES	2001 Claflin Rd	Manhattan	KS	66502	$18,401.49	$18,401.49	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	PRAIRIE VIEW INC	1901 E 1st St,	Newton	KS	67114	$6,892.54	$6,892.54	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	PREFERRED FAMILYHEALTHCARE INC	1009 Old 56 Highway	Olathe	KS	66061	$99,619.43	$99,619.43	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	PREVENTION AND RESILIENCY SERVICES INC	2209 SW 29TH STREET	TOPEKA,	KS	66611 -1908	$42,355.54	$0.00	$0.00	$42,355.54	$0.00	$0.00
x	x	✖	State Wide	PSYCHARMOR INSTITUTE INC	6215 Ferris Square Suite 205	San Diego	KS	92121	$17,000.00	$17,000.00	$0.00	$0.00	$0.00	$0.00
x	x	✖	Wichita	RECOVERY CONCEPTS INC	2604 W 9th St N Suite 200	Wichita,	KS	67203	$82,820.75	$82,820.75	$0.00	$0.00	$0.00	$0.00
x	x	✖	West	RESTORATION CENTERKNOX CENTER INC	2924 E Douglas Ave	Wichita	KS	67214	$80,923.91	$80,923.91	$0.00	$0.00	$0.00	$0.00
x	x	✖	West	RISE UP RENO PREVENTION NETWORK	1520 N PLUM STREET	HUTCHINSON,	KS	67501 -5854	$46,560.57	$0.00	$0.00	$46,560.57	$0.00	$0.00
x	x	✖	State Wide	SAINT FRANCIS COMMUNITY AND RESIDEN	509 E Elm St A,	Salina	KS	67401	$12,991.06	$12,991.06	$0.00	$0.00	$0.00	$0.00
x	x	✖	West	SMOKY HILL FOUNDATION	2714 Plaza Ave,	Hays	KS	67601	$57,409.11	$57,409.11	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	SOUTHEAST KANSAS MENTAL HEALTH CTR	304 N Jefferson Ave	Iola	KS	66749	$1,136.87	$1,136.87	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	SPRING RIVER MENTALHEALTH & WELLNE	6610 SE Quakervale Rd	Riverton	KS	66770	$11,765.66	$11,765.66	$0.00	$0.00	$0.00	$0.00
x	x	✖	South Central	SUBSTANCE ABUSE CENTER OF KANSAS	940 N Waco Ave,	Wichita	KS	67203	$422,967.64	$422,967.64	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	SUMNER MENTAL HEALTH CENTER	1601 W 16th St,	Wellington	KS	67152	$3,642.88	$3,642.88	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	THE GUIDANCE CENTER INC	1102 Walnut St	Oskaloosa	KS	66066	$7,019.33	$7,019.33	$0.00	$0.00	$0.00	$0.00
x	x	✖	North East	THE MIRROR INC	2201 SE 25th St,	Topeka,	KS	66605	$1,992,960.49	$1,951,420.33	$0.00	$41,540.16	$0.00	$0.00
x	x	✖	North East	THE SIMS-KEMPER CORPORATION	1701 SW Medford Ave,	Topeka	KS	66604	$63,840.96	$63,840.96	$0.00	$0.00	$0.00	$0.00
x	x	✖	South Central	THERAPY SERVICES LLC	420 Kennedy St,	Burlington	KS	66839	$35,359.74	$35,359.74	$0.00	$0.00	$0.00	$0.00
x	x	✖	South East	THRIVE ALLEN COUNTY INC	9 SOUTH JEFFERSON AVENUE	IOLA,	KS	66749 -3327	$37,692.61	$0.00	$0.00	$37,692.61	$0.00	$0.00
x	x	✖	West	TIYOSPAYE INC	247 N Market St	Wichita	KS	67202	$124,658.66	$124,658.66	$0.00	$0.00	$0.00	$0.00

x	x	✖	State Wide	UNITED 4 YOUTH COUNTYWIDE INC.	713 MAIN STREET STE B	SENECA	KS	66538 -1970	$54,968.75	$0.00	$0.00	$54,968.75	$0.00	$0.00
x	x	✖	North East	UNIV OF KANSAS CENTER FOR RESEARCH INC	2385 IRVING HILL RD	LAWRENCE	KS	66045 -7563	$143,598.48	$0.00	$0.00	$143,598.48	$0.00	$0.00
x	x	✖	North East	VALEO BEHAVIORAL HEALTH CARE	330 SW Oakley Ave	Topeka	KS	66606	$355,028.21	$355,028.21	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	VALLEY HOPE ASSOCIATION	103 S Wabash Ave,	Norton	KS	67654	$1,823.79	$1,823.79	$0.00	$0.00	$0.00	$0.00
x	x	✖	State Wide	WICHITA STATE UNIVERSITY	1845 FAIRMOUNT ST	WICHITA	KS	67260 -0038	$479,347.00	$0.00	$0.00	$479,347.00	$0.00	$0.00
x	x	✖	West	WICHITA TREATMENT CENTER INC	939 N Main St,	Wichita,	KS	67203	$84,796.95	$84,796.95	$0.00	$0.00	$0.00	$0.00
Total									$11,473,584.59	$8,925,228.74	$2,182,321.52	$2,548,355.85	$0.00	$0.00

* Indicates the imported record has an error.

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Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2021 Expenditure Period End Date: 06/30/2022

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	$\frac{B1(2020) + B2(2021)}{2}$ (C)
SFY 2020 (1)	$15,198,307.00	
SFY 2021 (2)	$16,369,878.64	$15,784,092.82
SFY 2022 (3)	$16,382,279.48	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2020	Yes	**X**	No	_____
SFY 2021	Yes	**X**	No	_____
SFY 2022	Yes	**X**	No	_____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes _____ No **X**

If yes, specify the amount and the State fiscal year: _____

If yes, SFY: _____

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes _____ No _____

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations? _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
Numbers are based on State budget year SMART actuals and
Medicaid encounter data.

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Footnotes:

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2021 Expenditure Period End Date: 06/30/2022

Base

Period	Total Women's Base (A)
SFY 1994	$ 2,616,806.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		$ 3,062,179.22	
SFY 2021		$ 3,028,738.28	
SFY 2022		$ 3,214,336.40	⦿ Actual ○ Estimated
Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 3214336.40			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Calculated based on Women and children's MOE expenditures from providers plus the state portion of Medicaid encounter data for women and children's SUD.

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2019   Expenditure Period End Date: 9/30/2021

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	12
	4. Brochures	6
	5. Radio and TV public service announcements	10
	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	9. Social Media	9
	2. Education	
	1. Parenting and family management	8
	2. Ongoing classroom and/or small group sessions	10
	3. Peer leader/helper programs	6
	4. Education programs for youth groups	14
	5. Mentors	2
	3. Alternatives	
	1. Drug free dances and parties	4
	2. Youth/adult leadership activities	6
	4. Community service activities	4
	6. Recreation activities	2
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	3
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	5
	2. Systematic planning	8

3. Multi-agency coordination and collaboration/coalition		16
4. Community team-building		12
5. Accessing services and funding		4
6. Encompasses a variety of CB EB activities		7
6. Environmental		
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		3
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs		4

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Footnotes:

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Table 10 - Treatment Utilization Matrix
This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Level of Care	SABG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person[1]			ARP Costs per Person[2]		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)													
1. Hospital Inpatient	6	6	0	0									
2. Free-Standing Residential	1,681	1,370	140	140									
REHABILITATION/RESIDENTIAL													
3. Hospital Inpatient	0	0	0	0									
4. Short-term (up to 30 days)	2,977	2,700	247	247									
5. Long-term (over 30 days)	241	233	43	43									
AMBULATORY (OUTPATIENT)													
6. Outpatient	5,810	5,414	0	0									
7. Intensive Outpatient	872	830	792	792									
8. Detoxification	401	296	0	0									
OUD MEDICATION ASSISTED TREATMENT													
9. OUD Medication-Assisted Detoxification[3]	43	41	0	0									
10. OUD Medication-Assisted Treatment Outpatient[4]	176	163	0	0									

Please explain why Column A (SABG and COVID-19 Number of Admissions) are less than Column B (SABG and COVID-19 Number of Persons Served)

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2021 – June 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

[3]OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

[4]OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:
SABG Number of Admissions > Number of Persons Served Source: KSURS

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP included a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State has chosen a vendor and is in the early stages of development.

COVID-19 Number of Admissions/Persons Served Source: Beacon HealthOptions Utilization Data
The dataset the State used included just the persons served. Since Column B is a subset of Column A, the number of persons served (Column B) is duplicated in Column A (Number of Admissions).
There were 64 persons treated with MAT for alcohol use disorder (AUD) with COVID-19 Block Grant Additional Funding.

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Tables 11A, 11B and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG and COVID-19 Relief Supplement funded services.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	555	192	117	31	32	0	0	1	0	3	2	29	14	80	54	242	168	94	51
2. 18 - 24	1,229	381	289	71	39	2	1	7	0	11	5	31	40	211	141	589	434	125	81
3. 25 - 44	5,345	1,759	1,486	272	179	6	2	13	8	41	62	171	158	763	425	2,626	2,074	399	246
4. 45 - 64	1,694	660	370	137	46	2	2	6	0	21	17	43	26	238	126	1,017	543	90	44
5. 65 and Over	92	37	14	9	2	0	0	0	1	0	0	1	0	18	10	63	26	2	1
6. Total	8,915	3,029	2,276	520	298	10	5	27	9	76	86	275	238	1,310	756	4,537	3,245	710	423
7. Pregnant Women	125		77		17		0		0		1		13		17		102		23

Number of persons served who were admitted in a period prior to the 12 month reporting period	782
Number of persons served outside of the levels of care described on Table 10	0

Are the values reported in this table generated from a client based system with unique client identifiers?   ◉ Yes ○ No

TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
2. 18 - 24	37	13	2	1	0	0	0	0	0	1	0	0	0	15	5	18	5	6	3
3. 25 - 44	344	109	36	23	5	2	1	2	0	9	5	3	0	117	32	170	52	34	10
4. 45 - 64	166	60	14	18	3	0	0	0	0	5	1	1	0	47	17	100	23	6	2
5. 65 and Over	10	4	1	0	0	0	0	0	0	0	0	0	0	4	1	5	1	0	1
6. Total	558	187	53	42	8	2	1	2	0	15	6	4	0	183	55	294	81	46	16
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Gender Identity (GI): "Do you think of yourself as:"						Sexual Orientation (SO): "Do you think of yourself as:"				
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	0	0	0	0	0	0	0	0	0	0	0

Footnotes:

Table 11A - Data Source: KSURS

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP included a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State has chosen a vendor and is in the early stages of development.

Table 11B - COVID-19 Number of Admissions/Persons Served Source: Beacon HealthOptions

The Contractor's dataset collected from providers does include gender and the date of birth to calculate age of the persons served. The dataset from the Contractor does not collect race, ethnicity, or pregnancy as this information is collected in the State data collection system (KSURS) The State reported the numbers by matching the data from the two separate systems (State and Contractor) but challenges existed. These challenges are to be addressed with the KSURS system modernization.

Table 11C - Per the heading of Table 11C, Table 11C is requested only.

Please note that Kansas does not currently collect sexual orientation and gender identity information in our State system (KSURS), therefore, the State is not able to complete Table 11C.

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Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

N/A - Kansas is not a HIV designated or previously designated state.

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Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Notice to Program Beneficiaries - Check all that apply:

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☑ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☑ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.

  10   Enter the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

KDADS is currently not providing training on charitable choice, but policy BG 405 titled "Charitable Choice Programs" can be found on the KDADS website at the following link: https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/policies_regulations/charitable-choice-programs---bg405.pdf?sfvrsn=62ef30ee_0. There is a section in the Administrative Services Organization (Beacon Health Options) Kansas Block Grant Provider Addendum on Charitable Choice requirements. This section states that faith-based providers shall have members admitted to their facility sign an agreement stating they understand the Charitable Choice requirements and the document shall be placed in the member's clinical record. In the Provider Information page of the ASO's website under the Education section, there is also a Substance Abuse Prevention and Treatment Block Grant Overview Powerpoint that includes the Charitable Choice requirements (45 CFR Part 54a) slides 102-105.

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Footnotes:

V: Performance Data and Outcomes

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	81	92
Total number of clients with non-missing values on employment/student status [denominator]	564	564
Percent of clients employed or student (full-time and part-time)	14.4 %	16.3 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		659
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		564

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1	46
Total number of clients with non-missing values on employment/student status [denominator]	77	77
Percent of clients employed or student (full-time and part-time)	1.3 %	59.7 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130
Number of CY 2021 discharges linked to an admission:		85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		84

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		77

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	799	1,035
Total number of clients with non-missing values on employment/student status [denominator]	1,799	1,799
Percent of clients employed or student (full-time and part-time)	44.4 %	57.5 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,548
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,799

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	53	93
Total number of clients with non-missing values on employment/student status [denominator]	225	225
Percent of clients employed or student (full-time and part-time)	23.6 %	41.3 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		281

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	225

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system for Tables 14-20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP included a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State has chosen a vendor and is in the early stages of development.

V: Performance Data and Outcomes

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	440	488
Total number of clients with non-missing values on living arrangements [denominator]	580	580
Percent of clients in stable living situation	75.9 %	84.1 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		659
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		580

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	75	75
Total number of clients with non-missing values on living arrangements [denominator]	80	80
Percent of clients in stable living situation	93.8 %	93.8 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130
Number of CY 2021 discharges linked to an admission:		85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		84
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		80

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,788	1,823
Total number of clients with non-missing values on living arrangements [denominator]	1,902	1,902
Percent of clients in stable living situation	94.0 %	95.8 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,548
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,902

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	188	204
Total number of clients with non-missing values on living arrangements [denominator]	226	226
Percent of clients in stable living situation	83.2 %	90.3 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		281
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		226

Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system for Tables 14-20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP included a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State has chosen a vendor and is in the early stages of development.

V: Performance Data and Outcomes

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	422	442
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	484	484
Percent of clients without arrests	87.2 %	91.3 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		663
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		484

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	82	79
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	84	84
Percent of clients without arrests	97.6 %	94.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130
Number of CY 2021 discharges linked to an admission:		85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		85

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		84

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,898	1,868
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,994	1,994
Percent of clients without arrests	95.2 %	93.7 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,683
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,994

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	247	250
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	266	266
Percent of clients without arrests	92.9 %	94.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		298

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	266

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

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V: Performance Data and Outcomes

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	463	531
All clients with non-missing values on at least one substance/frequency of use [denominator]	604	604
Percent of clients abstinent from alcohol	76.7 %	87.9 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		81
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	141	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		57.4 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		450
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	463	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.2 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		663
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		604

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	68	69
All clients with non-missing values on at least one substance/frequency of use [denominator]	72	72
Percent of clients abstinent from alcohol	94.4 %	95.8 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		2
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		67
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	68	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.5 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130
Number of CY 2021 discharges linked to an admission:		85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		85
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		72

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,887	2,224
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,480	2,480
Percent of clients abstinent from alcohol	76.1 %	89.7 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		435
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	593	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		73.4 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,789
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,887	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.8 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,683
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		2,480

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	215	241
All clients with non-missing values on at least one substance/frequency of use [denominator]	277	277
Percent of clients abstinent from alcohol	77.6 %	87.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		44
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	62	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		71.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		197
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	215	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.6 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		298
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		277

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Footnotes:
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V: Performance Data and Outcomes

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	282	436
All clients with non-missing values on at least one substance/frequency of use [denominator]	604	604
Percent of clients abstinent from drugs	46.7 %	72.2 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		203
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	322	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		63.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		233
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	282	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.6 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		663
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		604

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	60	65
All clients with non-missing values on at least one substance/frequency of use [denominator]	72	72
Percent of clients abstinent from drugs	83.3 %	90.3 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		8
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		66.7 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		57
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	60	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130
Number of CY 2021 discharges linked to an admission:		85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		85
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		72

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,529	2,005
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,480	2,480
Percent of clients abstinent from drugs	61.7 %	80.8 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		657
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	951	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.1 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,348
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,529	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.2 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,683
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		2,480

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	141	182
All clients with non-missing values on at least one substance/frequency of use [denominator]	277	277
Percent of clients abstinent from drugs	50.9 %	65.7 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		82
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	136	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		60.3 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		100
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	141	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.9 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		298
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		277

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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V: Performance Data and Outcomes

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	34	198
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	298	298
Percent of clients participating in self-help groups	11.4 %	66.4 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	55.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		3,673
Number of CY 2021 discharges submitted:		990
Number of CY 2021 discharges linked to an admission:		673
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		663
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		298

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	64	70
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	78	78
Percent of clients participating in self-help groups	82.1 %	89.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.7 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		322
Number of CY 2021 discharges submitted:		130

	85
Number of CY 2021 discharges linked to an admission:	85
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	85
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	78

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	339	557
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,482	1,482
Percent of clients participating in self-help groups	22.9 %	37.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.7 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		6,356
Number of CY 2021 discharges submitted:		3,419
Number of CY 2021 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,683
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,482

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	86	114
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	210	210
Percent of clients participating in self-help groups	41.0 %	54.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	13.3 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		1,051

Number of CY 2021 discharges submitted:	366
Number of CY 2021 discharges linked to an admission:	306
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	298
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	210

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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V: Performance Data and Outcomes

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	1	1	1	1
2. Free-Standing Residential	5	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	241	241	241	241
4. Short-term (up to 30 days)	25	18	26	28
5. Long-term (over 30 days)	48	31	54	59
AMBULATORY (OUTPATIENT)				
6. Outpatient	125	46	94	162
7. Intensive Outpatient	57	23	37	62
8. Detoxification	6	2	3	4
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	4	2	3	4
10. OUD Medication-Assisted Treatment Outpatient[2]	119	43	106	176

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	1	1
2. Free-Standing Residential	853	778
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	1	1
4. Short-term (up to 30 days)	631	394

5. Long-term (over 30 days)	104	66
AMBULATORY (OUTPATIENT)		
6. Outpatient	2424	1942
7. Intensive Outpatient	239	177
8. Detoxification	194	190
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]		29
10. OUD Medication-Assisted Treatment Outpatient[2]		49

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2023]

[1] OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

[2] OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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V: Performance Data and Outcomes

Table 21 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2021 - 2022	15.9	☐
	Age 21+ - CY 2021 - 2022	56.9	☐
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022	2.7	2.5
	Age 18+ - CY 2021 - 2022	20.3	☐
3. 30-day Use of Other Tobacco Products	**Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2021 - 2022	1.1	☐
	Age 18+ - CY 2021 - 2022	8.1	☐
4. 30-day Use of Marijuana	**Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022	5.4	6.8
	Age 18+ - CY 2021 - 2022	12.7	☐
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2021 - 2022	1.5	☐

Age 18+ - CY 2021 - 2022	2.8	☐

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
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Footnotes:

V: Performance Data and Outcomes

Table 22 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2021 - 2022	75.8	☐
	Age 21+ - CY 2021 - 2022	77.8	☐
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022	90.8	83.9
	Age 18+ - CY 2021 - 2022	88.5	☐
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022	72.7	☐
	Age 18+ - CY 2021 - 2022	46.6	☐

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Footnotes:

V: Performance Data and Outcomes

Table 23 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2021 - 2022	14.9	☐
	Age 21+ - CY 2021 - 2022	17.4	☐
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2021 - 2022	12.3	13.2
	Age 18+ - CY 2021 - 2022	15.9	☐
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2021 - 2022	10.4	☐
	Age 18+ - CY 2021 - 2022	19.5	☐
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2021 - 2022	13.7	14.1
	Age 18+ - CY 2021 - 2022	19.1	☐
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2021 - 2022		☐
	Age 18+ - CY 2021 - 2022	26.1	☐
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2021 - 2022	14.1	☐

	Age 18+ - CY 2021 - 2022	36.9	☐

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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V: Performance Data and Outcomes

Table 24 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022	93.9	☐
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2021 - 2022	91.2	☐
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022	80.3	☐
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022	81.9	☐
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		☐

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Table 25 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2021 - 2022		☐
	Age 18+ - CY 2021 - 2022	27.6	☐

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Table 26 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2019	89.5	☐

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Table 27 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2020	29.5	☐

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Table 28 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2020		☐

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Table 29 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2021 - 2022	52.1	49.0
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2021 - 2022		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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Table 30 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2021 - 2022	84.7	65.1

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35
Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
2. Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2020
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2020
5. Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	10/1/2019	9/30/2021

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Data for Table 31 typically reflect Community Check Box (CCB) participant description entries for two CSAP strategies: Prevention Education and Problem Identification and Referral. Coalition members enter accomplishments and activities into the CCB each month, including NOMS related information. For this reporting period, number served and self-reported demographic breakdown comes directly from the CCB entries.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.
Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

There were 782 individuals served through individual-based prevention programs and strategies. Participants who reported more than one race were included in the "more than one race" subcategory only.

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Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**782**
0-4	0
5-11	60
12-14	355
15-17	19
18-20	218
21-24	1
25-44	3
45-64	7
65 and over	1
Age Not Known	118
B. Gender	**782**
Male	143
Female	172
Gender Unknown	467
C. Race	**782**
White	284
Black or African American	18
Native Hawaiian/Other Pacific Islander	12
Asian	7
American Indian/Alaska Native	19
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	442
D. Ethnicity	**782**
Hispanic or Latino	59
Not Hispanic or Latino	178
Ethnicity Unknown	545

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Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**213169**
0-4	1584
5-11	1629
12-14	91253
15-17	91108
18-20	3922
21-24	6454
25-44	4211
45-64	4214
65 and over	6437
Age Not Known	2357
B. Gender	**213169**
Male	33
Female	50
Gender Unknown	213086
C. Race	**213169**
White	68
Black or African American	4
Native Hawaiian/Other Pacific Islander	0
Asian	3
American Indian/Alaska Native	0
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	213094
D. Ethnicity	**213169**
Hispanic or Latino	50
Not Hispanic or Latino	20
Ethnicity Unknown	213099

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Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	**0**	**$0.00**
Number of Persons Served[1]	**782**	**213,169**

[1]Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:
    The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:
    The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:
    The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:
    The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

All prevention programs funded by SAPT Block Grant meet or exceed best practices based upon the definition provided above. This information is disseminated to prevention coalitions each year and prior to implementation all strategies must be approved by State Staff.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The SAPT BG Prevention Infrastructure is required to seek program approval as well as document the programs and strategies they implement in communities. Data are collected from implementation reports, pre post evaluation documents, and the Community Check Box online monitoring and evaluation system to determine number of funded strategies.

Table 34 - SUBSTANCE ABUSE PREVENTION **Number of Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	788	49	837	4	0	841
2. Total number of Programs and Strategies Funded	795	52	847	4	0	851
3. Percent of Evidence-Based Programs and Strategies	99.12 %	94.23 %	98.82 %	100.00 %		98.82 %

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Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 788	$2,227,800.00
Universal Indirect	Total # 49	$178,355.85
Selective	Total # 4	$142,200.00
Indicated	Total # 0	
Unspecified	Total # 0	
	Total EBPs: 841	Total Dollars Spent: $2,548,355.85
Primary Prevention Total[1]	**$2,548,355.85**	

[1]Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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Prevention Attachments

Submission Uploads

FFY 2023 Prevention Attachment Category A:		
File	**Version**	**Date Added**

FFY 2023 Prevention Attachment Category B:		
File	**Version**	**Date Added**

FFY 2023 Prevention Attachment Category C:		
File	**Version**	**Date Added**

FFY 2023 Prevention Attachment Category D:		
File	**Version**	**Date Added**

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Footnotes:

Sherman "Wes" Cole, Chairperson
Victor Fitz, Vice Chairperson

GOVERNOR Laura Kelly

November 28, 2022

To Whom It May Concern,

During the past year, the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC) has continued to focus on ensuring that Behavioral Health Services are integrated and meet the needs of Kansas children, adults, and their families who are experiencing mental health, addictions, and co-occurring disorders. GBHSPC members continue to participate in subcommittees and task forces. Currently, the GBHSPC has nine active subcommittees. The subcommittees are: Housing and Homelessness, Justice Involved Youth and Adults, Prevention, Children's, Rural and Frontier, Service Members Veterans and Families, Problem Gambling, Evidence Based Practices and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services. The GBHSPC also plans to establish two additional subcommittees including one on Peer Support Services in early 2023. This Subcommittees' membership will primarily be filled by persons with lived experience who are engaged in providing peer services across Kansas. The other will be on Aging Populations and will be developed later in the year.

Each of the Subcommittees provided their yearly reports and recommendation to the Secretary and Leadership team of the Kansas Department for Aging and Disability Services and the reports are now available on the Behavioral Health Commission Website.

The reports from FY 2020 and from FY2021 from the subcommittees have served as a vital source of information for the development of recommendations for several special government taskforces in the past two years. The reports were utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. In the event, that this legislative committee again resumes or if the Legislature or any other legislative committees request the FY2022 GBHSPC's subcommittee reports, they will be submitted for review and recommendations. The reports are also posted for public access on the KDADS web site.

This letter is confirmation that the Kansas FY2023 Substance Abuse Prevention and Treatment Block Grant report and the FY2023 Mental Health Block Grant report have both been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

Sherman Wes Cole
 Chair, Governor's Behavioral Health Services Planning Council

From:	Cissy McKinzie [KDADS]			
To:	Diana Marsh [KDADS]			
Subject:	FW: SABG Annual Report - Tables 3a, 3b, 12 and 13 for KCC review			
Date:	Monday, November 28, 2022 8:58:16 AM			
Attachments:	10-19-22 FY2023 SABG Annual Report Table 12 SABG Early Intervention Services - HIV in Designated States.pdf			
	10-19-22 FY2023 SABG Annual Report Table 13 - Charitable Choice.pdf			
	10-19-22 FY2023 SABG Annual Report Table 3a - Syringe Services Programs.pdf			
	10-19-22 FY2023 SABG Annual Report Table 3b - Syringe Services Program.pdf			

Sent to the KCC for their feedback

From: Cissy McKinzie [KDADS]
Sent: Wednesday, October 19, 2022 2:44 PM
To: Sara Jackson <sara@hradac.com>
Subject: SABG Annual Report - Tables 3a, 3b, 12 and 13 for KCC review

Please see attached FY2023 Substance Abuse Block Grant (SABG) Annual Report Tables 3a, 3b, 12 and 13 for the KCC's review and feedback.

For Tables 3a, 3b and 12: Please see the footnotes added to the sections.

For Table 12, please see more info from SAMHSA below. Kansas is not considered a HIV Designated State for this period:

Appendix B

SABG "Designated States" for HIV 5% Set-Aside Requirement:
FY 2020 – FY 2023

	FY 2020	FY 2021	FY 2022	FY 2023
DC	✓	✓	✓	✓
Florida	✓	✓	✓	
Georgia	✓	✓	✓	✓
Louisiana	✓	✓	✓	
Maryland	✓	Δ	Δ	
Mississippi		✓	Δ	
South Carolina	✓	Δ	Δ	

✓**:** The grantee is a mandatory "designated State" for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement.

Δ **:** The grantee has voluntarily chosen the status of a "designated State" for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement, in accordance with SAMHSA policy.

The most current data reporting through CDC NCHHSTP AtlasPlus for HIV Data for 2020, which serves as the basis for the SABG designation of a HIV "designated State" for the FY 23 SABG Award, in accordance with SABG §96.128, is as follows (AtlasPlus HIV Data published by CDC in May, 2022):

Thanks,

Cissy McKinzie
Block Grant/SUD Program Manager
SOTA
Behavioral Health Services Commission
Kansas Department for Aging and Disability Services (KDADS)
503 S. Kansas Ave.
Topeka, KS 66603
Phone: (785) 296-4079
Fax: (785) 296-0256
Tamberly.McKinzie@ks.gov

Visit our web site: http://www.kdads.ks.gov/

From:	Cissy McKinzie [KDADS]
To:	Diana Marsh [KDADS]
Subject:	FW: Block Grant Reports are out for Public Comment on our website
Date:	Monday, November 28, 2022 8:56:34 AM
Attachments:	image002.png

From: Cissy McKinzie [KDADS]

Sent: Friday, November 18, 2022 4:11 PM

To: Breyne Avery, Frances <Frances.Breyne@beaconhealthoptions.com>; Stuart Little <stuartjlittle@mac.com>; Kyle Kessler <kkessler@acmhck.org>; jchilders@atcsek.org; Wes Cole <scole@micoks.net>

Cc: Charles Bartlett <Charles.Bartlett@ks.gov>; Andrew Brown [KDADS] <Andrew.Brown@ks.gov>; Drew Adkins [KDADS] <Drew.Adkins@ks.gov>; Gary Henault [KDADS] (Gary.Henault@ks.gov) <Gary.Henault@ks.gov>

Subject: Block Grant Reports are out for Public Comment on our website

The FY2023 Substance Abuse Block Grant (SABG) and FY2023 Mental Health Block Grant (MHBG) Annual reports are out on our website for public comment at:
 https://www.kdads.ks.gov/commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant

Feedback should be in writing and submitted by Friday, 11/25/22, via kdads.bhs@ks.gov.

Thanks,

Cissy McKinzie
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